

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Revised Copy -  
Note: Pool Name  
Kind of Lease

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR

Getty Oil Company

Address

P.O. Box 3360, Casper, WY 82602

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "C"	Well No. 14-E	Pool Name, Including Formation Otero Gallup	Kind of Lease XXXXXXXXXXXXXX Jicarilla Apache	Lease No. Cont. #34
Location				
Unit Letter D ; 990 Feet From The North Line and 990 Feet From The West				
Line of Section 27 Township 25N Range 5W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau Incorporated	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26251, Albuquerque, New Mexico 87125			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 27	Twp. 25N	Rge. 5W
	Is gas actually connected?		When	
	No		--	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-13-81	Date Compl. Ready to Prod. 7-24-81		Total Depth 7260'		P.B.T.D. 7205'			
Elevations (DF, RKB, RT, GR, etc.) 6660' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 6094'		Tubing Depth 6209'			
Perforations 6094'-6417' Gallup					Depth Casing Shoe 7256'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		323'		365 sx.			
7 7/8"	5 1/2" 14 & 15.5#		7256'		1325 sx.			
--	2 1/16" 3.25#		6209'		--			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 7-24-81	Date of Test 8-17-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 hours	Tubing Pressure 320#	Casing Pressure 522#	Choke Size 21/64"
Actual Prod. During Test	Oil-Bbls. 17 bbl.	Water-Bbls. -	Gas-MCF 495 MCFD

GAS WELL

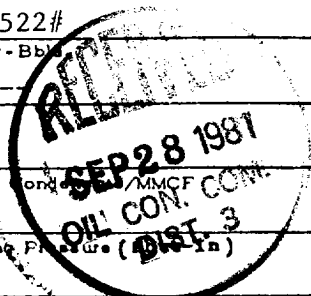
Actual Prod. Test-MCF/D	Length of Test	Bbls. Cond. MCF COM.	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
Area Superintendent  
(Title)  
9/21/81  
(Date)

OIL CONSERVATION DIVISION

APPROVED  SEP 28 1981

Original Signed by FRANK T. CHAVEZ

BY SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.